3763\$
PATENT**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s): Eilaz Babaev

Examiner: Michael M. Thompson

Serial No.: 09/684,044

Group: Art Unit 3763

Filed: October 6, 2000

Docket: 1177-6

For: NOZZLE FOR ULTRASOUND
WOUND TREATMENT

Dated: July 25, 2003

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450**RECEIVED**

AUG 04 2003

AMENDMENT TRANSMITTAL FORM

TECHNOLOGY CENTER R3700

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small entity status of this application under 37 C.F.R. § 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity under 37 C.F.R. § 1.9 and 1.27 is enclosed.
- ☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY		OTHER THAN SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR		PRESENT EXTRA	ADDIT. RATE FEE	OR	ADDIT. RATE FEE
TOTAL	58	MINUS	58	=	X 9	\$	X 18	\$
INDEP.	4	MINUS	4	=	X 42	\$	X 84	\$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					X 135	\$	X 270	\$ 0
					TOTAL		OR TOTAL	\$
					ADDIT. FEE	\$ 0		

* If the entry in Co. 1 is less than entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The Highest No. Previously Paid For (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.


CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to the: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450 Alexandria, Virginia 22313-1450 on July 25, 2003.

Dated: July 25, 2003
Adrienne Fagan

- ☐ Please charge Deposit Account No. 50-2140 in the amount of \$. Two (2) copies of this sheet are enclosed.
- ☐ A check in the amount of \$0 is enclosed.
- ☒ Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 50-2140. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 50-2140 therefor. TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.

Respectfully submitted,


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GL/af